



# Application for Change/Transfer of Water Right

KITT-13-06



For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☒ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

## FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 04-25-2013  
CHECK NO. 6 FEE \$ 0  
DATE ACCEPTED 05-02-2013 BY CS  
CHANGE NO. CS4-00991569d  
COUNTY KITTITAS WRIA 39  
SPECIAL AREA Sub 9 Wilson Nadeau  
  
SEPA: ☐ EXEMPT ☐ NOT EXEMPT  
ECY CODING: 001-002-WR10285-000011  
APP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_  
CERT NO. \_\_\_\_\_ CERT OF CHG NO. \_\_\_\_\_

☐ I have participated in a pre-application conference with Ecology.

## 1. Applicant Information

|  |                                  |                          |
|--|----------------------------------|--------------------------|
| APPLICANT/BUSINESS NAME<br><u>SK RANCHES, INC.</u> | PHONE NO.<br><u>509-899-2517</u> | FAX NO.                  |
| ADDRESS<br><u>12141 FAIRVIEW ROAD</u>              |                                  |                          |
| CITY<br><u>ELLENSBURG</u>                          | STATE<br><u>WA</u>               | ZIP CODE<br><u>98926</u> |
| EMAIL ADDRESS (IF AVAILABLE)                       |                                  |                          |

|  |                                  |                                |
|--|----------------------------------|--------------------------------|
| CONTACT (IF DIFFERENT FROM ABOVE)<br><u>JAMES K. ADAMS</u> | PHONE NO.<br><u>509-248-5010</u> | FAX NO.<br><u>509-248-4970</u> |
| ADDRESS<br><u>110 N. 5TH AVE. SUITE 200</u>                |                                  |                                |
| CITY<br><u>YAKIMA</u>                                      | STATE<br><u>WA</u>               | ZIP CODE<br><u>98902</u>       |
| EMAIL ADDRESS (IF AVAILABLE)<br><u>jka1415@yahoo.com</u>   |                                  |                                |

|  |                                  |                          |
|--|----------------------------------|--------------------------|
| LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE<br><u>SK RANCHES, INC.</u> | PHONE NO.<br><u>509-899-2517</u> | FAX NO.                  |
| ADDRESS<br><u>12141 FAIRVIEW ROAD</u>  |                                  |                          |
| CITY<br><u>ELLENSBURG</u>  | STATE<br><u>WA</u>               | ZIP CODE<br><u>98926</u> |
| EMAIL ADDRESS (IF AVAILABLE)   |                                  |                          |

## 2. Water Right Information

|  |   |
|--|---|
| WATER RIGHT OR CLAIM NUMBER<br><u>0091 54-84314 J</u>  | RECORDED NAME(S)<br><u>SK RANCHES, INC.</u> |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                  |   |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____  |   |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |   |

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

ORIGINAL

KITT-13-06

CS4-00991569d



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

| SOURCE        | NO. | ¼  | ¼  | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|---------------|-----|----|----|------|------|------|----------|------------|
| ADAMS DITCH   |     | SW | NW | 28   | 19N  | 19   |          |            |
| KIESTER DITCH |     | NW | SW | 28   | 19N  | 19   |          |            |

#### B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------|-----|---|---|------|------|------|----------|------------|
|        |     |   |   |      |      |      |          |            |
|        |     |   |   |      |      |      |          |            |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

### 4. Purpose of Use:

#### A. Existing

| PURPOSE OF USE             | GPM or CFS | ACRE-FT/YR | PERIOD OF USE        |
|----------------------------|------------|------------|----------------------|
| IRRIGATION AND STOCK WATER | .66 CFS    |            | MAY 1 - JUNE 15      |
|                            | .33 CFS    |            | APRIL                |
|                            | .33 CFS    |            | JUNE 16 - OCTOBER 15 |
|                            |            |            |                      |

#### B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|---------------|
|                |            |            |               |
|                |            |            |               |
|                |            |            |               |
|                |            |            |               |

### 5. Place of Use:

#### A. Existing

|   |    |      |      |      |          |          |            |
|---|----|------|------|------|----------|----------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:   |    |      |      |      |          |          |            |
| W 1/2 NW 1/4 SECTION 2, T18N. R19EWM  |    |      |      |      |          |          |            |
|   |    |      |      |      |          |          |            |
|   |    |      |      |      |          |          |            |
| ¼   | ¼  | SEC. | TWP. | RGE. | COUNTY   | PARCEL # | # OF ACRES |
|   | NW | 2    | 18N  | 19   | KITTITAS | 874134   | 53         |
| DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO |    |      |      |      |          |          |            |
| IF NO, PROVIDE OWNER(S) NAME: _____   |    |      |      |      |          |          |            |

#### B. Proposed

|  |   |      |      |      |        |          |            |
|--|---|------|------|------|--------|----------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:  |   |      |      |      |        |          |            |
| SW 1/4 SECTION 3, T18N R19EWM  |   |      |      |      |        |          |            |
| N 1/2 SE 1/4 SECTION 3 T18N R19EWM   |   |      |      |      |        |          |            |
|  |   |      |      |      |        |          |            |
| ¼  | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
|  |   |      |      |      |        | 204134   | 53         |
| DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |   |      |      |      |        |          |            |
| IF NO, PROVIDE OWNER(S) NAME: _____  |   |      |      |      |        |          |            |

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 00991



## 6. Remarks and Other Relevant Information:

|   |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
| IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____ |

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

## 7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

SK RANCHES, INC.

Applicant Printed Name - Title

Mark Kayser 4.16.13  
Applicant Signature (Date)

SK RANCHES, INC.

Water Right Holder Printed Name

Mark Kayser 4.16.13  
Water Right Holder Signature (Date)

SK RANCHES, INC.

Land Owner of Existing Place of Use Printed Name

Mark Kayser 4.16.13  
Land Owner of Existing Place of Use Signature (Date)

SK RANCHES, INC.

Land Owner of Proposed Place of Use Printed Name

Mark Kayser 4.16.13  
Land Owner of Proposed Place of Use Signature (Date)

Please check the region in which the project is located:

|  |   |   |
|--|---|---|
| <b>*Submit your application to:</b><br><br>DEPARTMENT OF ECOLOGY<br>CASHIERING SECTION<br>PO BOX 47611<br>OLYMPIA, WA 98504-7611 | <input type="checkbox"/> Central Regional Office<br>15 W Yakima Avenue, Suite 200<br>Yakima, WA 98902<br>(509) 575-2490               | <input type="checkbox"/> Eastern Regional Office<br>4601 N. Monroe Street<br>Spokane, WA 99205-1295<br>(509) 329-3400 |
|  | <input type="checkbox"/> Northwest Regional Office<br>3190 - 160 <sup>th</sup> Avenue SE<br>Bellevue, WA 98008-5452<br>(425) 649-7000 | <input type="checkbox"/> Southwest Regional Office<br>PO Box 47775<br>Olympia, WA 98504-7775<br>(360) 407-6300        |

### WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_